

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to: 10-9-02  
 \* 01-348  
 Pantelis Michalopoulos  
 Steptoe & Johnson LLP  
 1330 Connecticut Avenue, N.W.  
 Washington, DC 20036-

2. Article Number (Copy from service label)  
0023 0771 3617

PS Form 3811, July 1999

Domestic Return Receipt

102585-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) C Nelson B. Date of Delivery 10/29/02  
 C. Signature C Nelson ☒ Agent ☐ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

DOCKET NO. 01-348

CERTIFIED

MAIL

RECEIPT

REQUESTED

NAME:

Pantelis Michalopoulos  
1330 Connecticut Avenue, N.W.  
Washington, DC 20036

C.R.R. NO.

BY \_\_\_\_\_

ORDER DATED <u>10-9-02</u>
FCC <u>02-284</u>
MIMEOGRAPH NO.

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ <u>2.90</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>6.95</u>

Postmark Here <u>28</u> <u>2002</u>	
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Name (Please Print Clearly) (to be completed by mailer)

Pantelis Michalopoulos  
1330 Connecticut Avenue, N.W.  
Washington, DC 20036

PS Form 3811, July 1999

See Reverse for Instructions